Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 12/29/2015 HAL011011 SYREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 LIONS WAY MARJORIE MCCUNE MEMORIAL CENTER BLACK MOUNTAIN, NC 28711 PROVIDER'S PLAN OF CORRECTION (00) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE GROSS-REPERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 12-29-2015. Records indicate this facility was first licensed on 6-4-1979, for 64 beds. Based on this information, we are requiring this facility to meet the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy, the 1977 Rules for the Licensing of Adult Care Homes, and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds. C 150 C 150° Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the exit corridor near the We moved the chair from the 12-29-15 salon was obstructed to only 3 feet 10 inches of clear space. Exit corridors that are not door in front of the beauty parlor. maintained at the minimum of 6 feet could delay an evacuation in an emergency... C 160 C 160 Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL/ER/CHA (X2) MULTIPLE CONSTRUCTION (XII) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A BUILDING: 01 HAL011011 B. WING 12/29/2015 NAME OF PROVIDER OR SUPPLIER STREET ACORESS, CITY, STATE, ZIP CODE 101 LIONS WAY MARJORIE MCCUNE MEMORIAL CENTER BLACK MOUNTAIN, NC 28711 (X4) ID SUMMARY SYNTEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION li: (XX) COMPLETE (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX EACH CORNECTIVE ACTION SHOULD BE PREFIX TAGTAG GROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 1 C 160 We corrected the possible trip This Rule is not met as evidenced by: hazard with a new sower 12/31/15 Based on observation, a sewer cleanout cap Dowl projected about an inch above the sidewalk at the cleanout cap. It is now flush right rear of the facility. Such a trip hazard could with the sidewalk. delay an avacuation in an emergency. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall; (1) have walls, cellings, and floors or floor coverings kept clean and in good repair; have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. The ceiling grill for the This Rule is not met as evidenced by: exhaust fan in the storage 12/30/15 Based on observation, the ceiling grill for the room on C Hall was cleaned exhaust fan in the storage room on C Hall was very dirty. by housekeeping. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and (e) This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:

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FORM APPROVED ision of Health Service Regulation TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) WULTIPLE CONSTRUCTION (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL011011 12/29/2015 45 OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 LIONS WAY RJORIE MCCUNE MEMORIAL CENTER BLACK MOUNTAIN, NC 28711 心化 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XA) COMPLETE :EFbX (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREF'X REGULATORY OR LSC IDENTIFYING INFORMATIONS AG. TAG CROSS REFERENCED TO THE APPROPRIATE DISFICIENCY) 166 Cantinuod From page 2 C 166 Based on observation, the hose bibs at the Permanent vacuum breakers can wash wand area were not equipped with 12/31/15 were attached to the hose vacuum breakers. Hose bibs must be equipped bibs at the car wash wand with vacuum breakers to prevent the possibility of siphoning contaminated water into the water area. system. Based on a review of documents, the range hood fire suppression system in the kitchen is not being inspected monthly as required. Failure to perform monthly safety inspections could cause The fire suppression system the system to fail to work when needed. in the kitchen is now being Findings include: 12/29/15 The fire suppresion system had not been inspected monthly by B Safe inspected since July. Fire. 3 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the required one-hour. fire rated walls and/or cellings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in

Findings include:

one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DIFFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL011011 12/29/2015 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYATE, ZIP CODE 101 LIONS WAY MARJORIE MCCUNE MEMORIAL CENTER BLACK MOUNTAIN, NC 28711 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (200) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PHEFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) C 189 Continued From page 3 C 189 Holes in the kitchen ceiling. All noted openings were fire b. Crack in the kitchen ceiling where the range caulked. hood meets the ceiling. c. Open sleeve through the fire wall above room Completion Date 01/07/16 d. Unsealed penetration through the fire wall above room 126. e. Unsealed penetration through the smoke barrier wall above room 101, Open sleeve through the fire wall above room. 2. Based on observation, corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the 01/08/16 facility. Findings include: a. Doors were planed The double doors to the dining room could not close completely because they had sagged and and re-hinged as were hitting each other. necded. The double doors to the dining room were not A latch was installed. equipped with hardware to allow them to latch when closed. o. There was a hole through each of the 11/2 hour Appropriate bolts fire doors on B Hail and C Hail. were used to seal Based on observation, a duct mounted smoke. holes. detector is installed in the mechanical room on C Our HVAC Specialist Hall but no access door was provided to allow inspection and maintenance. Sampling tubes demonstrated how to access that are not periodically inspected and cleaned 01/15/16 tubes for inspection and may cause the duct detector to not work properly maintenance. in the event of a fire. Simplex remounted the heat 4. Based on observation a heat detector in the detector in the attic over the 01/08/16 attic over the kitchen was not properly mounted.

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Heat detectors that are not properly maintained

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kitchen.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDEN/SUPPLICIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL011011		HAL011011	B. WING		12/29/2016	
NAME OF PROVIDER OR SUPPLIER STREET		UDDRESS, CITY, STATE, ZIP CODE		12.2012910	7	
MARJORIE MCCUNE MEMORIAL CENTER 101 LIONS WAY BLACK MOUNTAIN, NC 28711						
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C 189	Continued From page 4		C 189	,		7
	may not work in an actual fire.					
J	Based on observation, an electrical receptacle in the corridor near room 102 had a cracked face. Cracked electrical outlets could expose residents and staff to energized parts.		. [The electrical receptacle in the corridor near room 102 was replaced.	12/30/15	
ABID T of Hast	1-26-110 th Service Regulation			List now Stylica tes	O Columbia sheet & of 6	

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